

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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By \_\_\_\_\_

Date \_\_\_\_\_

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

DECEDENT First-Middle-Last Names (Please avoid use of initials) GEORGE MORRIS	Age 66	Birth Date 10/08/1946	Race WHITE	Sex M
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HOME ADDRESS - No. - Street, City, State  
2320 NW 31ST, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DR. KITE @ NORMAN REGIONAL	DATE 12/16/2012	TIME 3:43
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INJURED OR BECAME ILL AT (ADDRESS) I-35 & TECUMSEH RD	CITY NORMAN	COUNTY CLEVELAND	TYPE OF PREMISES INTERSTATE	DATE 12/16/2012	TIME 2:15
LOCATION OF DEATH NORMAN REGIONAL HOSPITAL	CITY NORMAN	COUNTY CLEVELAND	TYPE OF PREMISES HOSPITAL	DATE 12/16/2012	TIME 3:32
BODY VIEWED BY MEDICAL EXAMINER 901 N STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 12/17/2012	TIME 10:00

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: \_\_\_\_\_

DESCRIPTION OF BODY		RIGOR	LIVOR	EXTERNAL OBSERVATION			NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION	Jaw	<input type="checkbox"/> Complete	<input type="checkbox"/>	Color	Beard	BLOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck	<input type="checkbox"/> Absent	<input type="checkbox"/>	Lateral <input type="checkbox"/>	Hair		OTHER	<input type="checkbox"/>	<input type="checkbox"/>
	Arms	<input type="checkbox"/> Passing	<input type="checkbox"/>	Posterior <input type="checkbox"/>	Eyes: Color				
	Legs	<input type="checkbox"/> Passed	<input type="checkbox"/>	Anterior <input type="checkbox"/>	Mustache				
		Decomposed	<input type="checkbox"/>	Regional		Opacities			
					Pupils: R _____ L _____				
					Body Length _____ Body Weight _____				

Significant observations and injury documentations - (Please use space below)  
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

**ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND METHAMPHETAMINE ABUSE**

Manner of Death:

Natural ☐ Accident ☐  
Suicide ☐ Homicide ☐  
Unknown ☒ Pending ☐

Case disposition:

Autopsy Yes ☒ No ☐  
Authorized by MEDICAL EXAMINER  
Pathologist CHRYSTAL CUTRER M.D.  
Not a medical examiner case ☐

Other Significant Medical Conditions:

**EXERTION ASSOCIATED WITH ELECTRONIC CONTROL DEVICE APPLICATION**

**MEDICAL EXAMINER:**

Name, Address and Telephone No.

CHRYSTAL CUTRER M.D.  
901 N. STONEWALL  
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

*Chrystal Cutrer M.D.*

Signature of Medical Examiner

CHRYSTAL CUTRER M.D.

Computer generated report

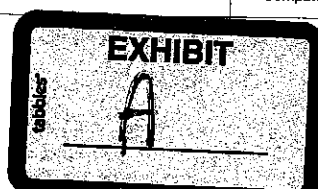
**1205242**

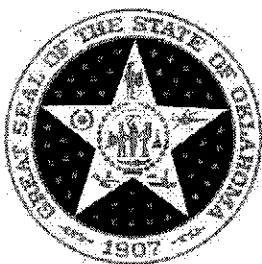
07/02/2013

Date Signed

12/16/2012

Date Generated





Board of Medicolegal Investigations  
**Office of the Chief Medical Examiner**  
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**CERTIFICATION**  
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By \_\_\_\_\_  
Date \_\_\_\_\_

## REPORT OF AUTOPSY

Decedent <b>GEORGE MORRIS</b>	Age <b>66</b>	Birth Date <b>10/8/1946</b>	Race <b>WH</b>	Sex <b>M</b>	Case No <b>1205242</b>
Type of Death Violent, unusual or unnatural	Means <b>drug toxicity/natural disease</b>	ID By <b>Det. John Barber</b>	Authority for Autopsy <b>CHRYSTAL CUTRER, M.D.</b>		
Present at Autopsy <b>Chrystal Cutrer, MD; Anthony Austin</b>					

### FINDINGS

- I. Atherosclerotic Cardiovascular Disease
  - A. Left Anterior Descending Artery, 70% occlusion of the lumen.
  - B. Right Coronary Artery and Left Circumflex Artery, 20% occlusion of the lumen.
- II. Hypertrophy of the left ventricle, 1.8 cm, and the interventricular septum, 1.7 cm, of the heart.
- III. Steatohepatitis
- IV. Pulmonary congestion and edema, 1830 g.
- V. Focal skin thermal injury consistent with application of an electronic control device.
- VI. Toxicology
  - A. Methamphetamine, 0.55 mcg/ml, Hospital blood specimen A.

### FINDINGS continued on page 2

**CAUSE OF DEATH:      ATHEROSCLEROTIC CARDIOVASCULAR DISEASE AND METHAMPHETAMINE ABUSE**

**OSC:                      EXERTION ASSOCIATED WITH ELECTRONIC CONTROL DEVICE APPLICATION**

**MANNER OF DEATH:    UNDETERMINED**

The facts stated herein are true and correct to the best of my knowledge and belief.

*Chrystal Cutrer MD*

OCME Central Division      12/17/2012

CHRYSTAL CUTRER, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

**Comment:** The decedent is a 66 year old male reported to be naked on an interstate roadway. Police responded to the scene, and ultimately were required to use an electronic control device to subdue the decedent. After being placed in restraints, the decedent was found to be unresponsive. Emergency medical services were called to the scene, and the decedent was transported to the hospital where resuscitation efforts were unsuccessful. Postmortem examination revealed significant coronary artery disease and the presence of methamphetamine in the decedent's blood.

The combination of the coronary artery disease, methamphetamine abuse, and exertion associated with the physical activity of the police interaction resulted in fatal cardiac ischemia. The evidence of manner of death is equally distributed between NATURAL and ACCIDENT; therefore, the manner is left as UNDETERMINED.

**EXTERNAL EXAMINATION**

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
70 in.	81 kg.	Brown	R5 mm L5 mm	Slightly Congested	Gray	Shaven	Full, Gray	Yes
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
Complete				Posterior, Purple			COOL	

**DESCRIPTION OF CLOTHING**

- The decedent is received without clothing.

**EVIDENCE OF MEDICAL TREATMENT**

- Endotracheal tube, 6.0 mm.
- Single lumen catheters in the left antecubital fossa and right antecubital fossa.
- Pulse oximeter on the left index finger.
- Identification band on the left wrist.
- Multiple monitor pads and defibrillator pads on the chest and abdomen.
- 7 x 4 cm pale blue contusion on the central chest.

**EXTERNAL EXAMINATION**

The body is that of an unembalmed, male appearing the stated age of 66 years.

The scalp appears unremarkable. The conjunctivae are congested. Petechiae are absent, and the sclerae are white. The ears are normal and show bilateral earlobe creases. The patent ear canals contain no blood or fluid. The nose is intact with dried blood in the external nares. The teeth are natural and in moderate condition. The lips and oral mucosa are intact with no evidence of injury. There is blood in the oral cavity.

The anterior neck, chest, and abdomen are symmetric, normally formed, and unremarkable except for the items described in the Evidence of Medical Treatment and Evidence of Injury sections.

The left upper extremity is normally formed and unremarkable except for the items described in the Evidence of Medical Treatment and Evidence of Injury sections.

The left lower extremity is normally formed and unremarkable except for the items described in the Evidence of Medical Treatment and Evidence of Injury sections.

The right lower extremity is normally formed and unremarkable except for the items described in the Evidence of Medical Treatment and Evidence of Injury sections.

## EXTERNAL EXAMINATION CONTINUED

The right upper extremity is normally formed and unremarkable except for the items described in the Evidence of Medical Treatment and Evidence of Injury sections.

The posterior neck and back are symmetric, normally formed and unremarkable except for the items described in the Evidence of Medical Treatment and Evidence of Injury sections.

The anogenital region is intact and unremarkable except for the items described in the Evidence of Injury section.

### EVIDENCE OF INJURY

- No fatal trauma identified.
- Paired red abrasions (0.6 x 0.2 cm and 0.3 x 0.2 cm, with a distance of 1.7 cm between the abrasions) are present on the left shoulder. The site represents a possible site of close electronic control device application.
- A metal probe is present in the skin of the posterior upper left neck 5 ¾ inches from the top of the head and 2 ¼ inches left of the midline.
- A 0.7 x 0.7 cm red discoloration with central metal wire is present in the skin of the left mid-back (17 ¼ inches from the top of the head and 2 ½ inches left of midline). A distance of 11 ½ inches separates the metal probes of the electronic control device.
- Multiple red abrasions are present on the face involving the central forehead, right and left temple regions, the left cheek and perioral skin, the lower lip, and chin (please see body diagram for measurements).
- Multiple red abrasions are present on the upper extremities involving the left elbow, left ventral forearm, left ventral wrist, right dorsal upper arm and forearm, and right dorsal hand (please see body diagrams for measurements).
- Multiple red abrasions are present on the lower extremities involving the left lateral hip and thigh, left knee, left lateral lower leg, left dorsal foot, right dorsal foot and right knee (please body diagrams for measurements).
- Multiple red abrasions are present on the left lateral abdomen, the posterior left shoulder, left lateral back, central lower back, and right and left buttocks (please see body diagrams for measurements).

## **GROSS EXAMINATION**

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The body is opened through the customary "Y" shaped incision.

The subcutaneous fat is moist and bright yellow. The musculature through the chest and abdomen is maroon and shows no gross pathology.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in their normal position and relationship. The liver edge extends to approximately the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

### **PARIETAL PLEURA:**

The parietal pleura is smooth, glistening and without adhesions or abnormal effusions.

### **PERICARDIUM:**

The pericardium is intact, smooth, and glistening. The normal amount of clear, straw-colored fluid is present in the pericardial sac.

### **PERITONEUM:**

The peritoneum is smooth and glistening in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

### **HEART:**

Weight: 480 g. The heart has the normal configuration and location. The visceral pericardium is smooth and glistening. There are no adhesions between the parietal and visceral pericardium. The coronary arteries arise and distribute normally. The left anterior descending artery shows 70% occlusion of the lumen by atherosclerotic plaque. The left circumflex artery shows 20% occlusion of the lumen by atherosclerotic plaque. The right coronary artery shows 20% occlusion of the lumen by atherosclerotic plaque. The coronary ostia are normally located and patent. The chambers and atrial appendages are unremarkable. The valves are normally formed with focal thickening of the free edge of the mitral valve and measure as follows: tricuspid 14.0 cm, pulmonic 7.0 cm, mitral 10.5 cm, and aortic 7.5 cm. The endocardium is smooth, gray, transparent and unremarkable. The myocardium is tan-red and grossly unremarkable. The left ventricle measures 1.8 cm, the interventricular septum measures 1.7 cm, and the right ventricle measures 0.5 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is normally formed and with minimal atherosclerosis. The other great vessels are patent and arise and distribute normally.

**NECK ORGANS:**

Thyroid weight: 20 g. The musculature of the neck is maroon and unremarkable. The trachea is in the midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, beefy-red and without evidence of gross pathology. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is patent with a smooth, tan-pink unremarkable mucosa and absent of foreign material. The true and false vocal cords are unremarkable without evidence of edema, hemorrhage, or neoplasm. The epiglottis, laryngeal mucosa, and thyroid capsule are free of petechiae.

**THYMUS:**

No significant tissue is grossly identified.

**LUNGS:**

Right lung weight: 1160 g. Left lung weight: 670 g. The visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal. The trachea, bronchi, and bronchioles are patent and lined by tan-pink unremarkable mucosa. No foreign material is identified within the bronchial tree. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy and varies from pale tan to dark purple. The cut surface of the lungs exudes moderate amounts of blood and clear, frothy fluid. There is no evidence of consolidation, granuloma formation, or neoplasm. The hilar lymph nodes are within normal limits.

**G.I. TRACT:**

The esophagus shows a tan-white unremarkable mucosa. The gastroesophageal junction is unremarkable without evidence of ulceration or neoplasm. The stomach is lined by a pink-tan normally rugated mucosa without evidence of ulceration or neoplasm and contains 10 ml of red-brown liquid which has passed to the duodenum. No pills or other foreign material is identified. The duodenum is patent with a tan-yellow unremarkable mucosa without evidence of ulceration. The jejunum and ileum are unremarkable and contain tan-brown semi-liquid to soft fecal material. There is no Meckel's diverticulum identified. The ileocecal valve is intact and unremarkable. The vermiform appendix is present and measures 8 cm. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula identified. The anus and rectum are unremarkable.

**LIVER:**

Weight: 1810 g. The liver is tan-red with a normal configuration and firm consistency. The cut surface shows no gross pathology apart from moderate/severe congestion.

**GALLBLADDER:**

The gallbladder is located in the normal position with a tan-green, smooth serosal surface and contains dark red bile. No calculi are identified within the lumen or biliary tree. The gallbladder mucosa is velvety green and unremarkable.

**PANCREAS:**

Weight: 170 g. The pancreas is located in the normal position. The parenchyma is tan to tan-pink normally lobulated and unremarkable.

**SPLEEN:**

Weight: 150 g. The capsule is tan-purple smooth and unremarkable. The parenchyma is maroon-purple, firm, and shows the characteristic follicular pattern.

**ADRENALS:**

Combined weight: 40 g. The adrenals lie in their normal positions. The cut surface shows a yellow-tan thin cortical rim with a gray-purple central medulla.

**KIDNEYS:**

Right kidney weight: 170 g. Left kidney weight: 200 g. The cortical surface of the kidneys is granular with diffuse depressed scars. The cut surface shows a congested parenchyma with unremarkable cortices and medullae. The renal pelves are unremarkable. The ureters and blood vessels are patent and unremarkable.

**URINARY BLADDER:**

The urinary bladder is covered by a tan unremarkable mucosa and contains 340 ml of yellow, cloudy urine.



**MALE GENITALIA:**

The prostate is tan-gray, symmetric, rubbery, and unremarkable. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor, trauma, or inflammation. The investing membranes and epididymis are unremarkable.

**BRAIN AND MENINGES:**

Weight: 1410 g. The scalp is opened through the customary intermastoid incision and shows subcutaneous hemorrhage of the posterior upper neck underlying the electronic control device metal probe. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. The cranial nerves and Circle of Willis arise and distribute normally and show no significant pathology. Externally, the brain is normally configured and symmetric. Multiple sections of the cerebral hemispheres, pons, medulla, and cerebellum show no gross pathology apart from moderate congestion and edema with compression of the gyri and sulci. The ventricular system is symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

**RIBS:**

Intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

The bone marrow of the vertebra is red, spongy, and unremarkable.

## MICROSCOPIC EXAMINATION

Representative sections of the heart show multiple areas of wavy fiber change and focal intraparenchymal hemorrhage.

Representative sections of the left anterior descending artery show atherosclerosis occluding 70% of the lumen.

Representative sections of the liver show zone 3 steatosis, cholestasis, and scattered acute and chronic inflammatory cells.

Representative sections of the tongue show intramuscular hemorrhage.

Representative sections of the lung show vascular congestion and intra-alveolar hemorrhage.

Representative sections of the skin of the back show focal electro-thermal injury consistent with the application of an electrical charge.

Representative sections of the skin of the head show subepithelial and subcutaneous soft tissue hemorrhage.

Representative sections of the mitral valve show sclerosis.

CC/ad



CHRYSTAL CUTRER, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS  
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Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 1205242

LABORATORY NUMBER: 124403

DECEDENT'S NAME: GEORGE MORRIS

DATE RECEIVED: 12/18/2012

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN,  
GASTRIC, HOSPITAL SPECIMENS X 3

HOLD STATUS: 1 YEAR

SUBMITTED BY: ANTHONY AUSTIN

MEDICAL EXAMINER: CHRYSTAL CUTRER M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (Hospital Specimen A; 12/16 at 0257 hrs)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ALKALINE DRUG SCREEN - (Heart Blood)

EIA - (Hospital Blood A) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines  
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

METHAMPHETAMINE

0.55 mcg/mL - (Hospital Blood A; 12/16 at 0257 hrs)

AMPHETAMINE

POSITIVE (Less than 0.13 mcg/mL) - (Hospital Blood A; 12/16 at 0257 hrs)

02/08/2013

DATE



Byron Curtis, Ph.D., DABFT, Chief Forensic Toxicologist